

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039242

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4096 Registrar's No. 120

STATE FILE NUMBER

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville Mo.</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	
Length of stay in 1b <u>3 WKS.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		d. STREET ADDRESS <u>202 N. Boardman St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Ransom</u> Last <u>Hand</u>			4. DATE OF DEATH Month <u>10</u> Day <u>11</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-17-1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>	11. BIRTHPLACE (City and state or country) <u>Clay County Ill.</u>
13a. FATHER'S NAME <u>George W. Hand</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs Evelyn Sloan Pleasant Hill Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>10 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia due to undiagnosed gastrointestinal bleeding</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:00</u> a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-26-48</u> to <u>10-11-63</u> and last saw her alive on <u>10-3-63</u> Death occurred at <u>6:00</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas E. Hand MD</u> (Degree or title)		22b. ADDRESS <u>Pleasant Hill, Mo.</u>	
22c. DATE SIGNED <u>10-14-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
23d. LOCATION (City, town, or county) <u>Pleasant Hill Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Wallace Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-63</u>	
ADDRESS <u>Pleasant Hill Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Ray J. Seber</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James C. Wallace*Licensed Embalmer No. 3921

P. O. Address

*Pleasant Hill Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.